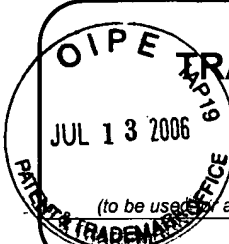



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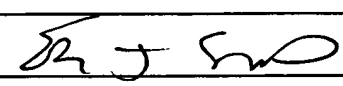
 <p>TRANSMITTAL FORM</p> <p>(to be used for all correspondence after initial filing)</p>	Application Number	10/759,971	
	Filing Date	January 15, 2004	
	First Named Inventor	Klaus Hartig	
	Art Unit	1771	
	Examiner Name	Andrew Piziali	
Total Number of Pages in This Submission	15	Attorney Docket Number	44046.203.143.22

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
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<input checked="" type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
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<input checked="" type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Change of Correspondence Address	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	Checks in the amounts of \$1,020 and \$790; Request for Continued Examination; and Return Postcard.
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Reply to Missing Parts/Incomplete Application	<input type="checkbox"/> Landscape Table on CD	
<input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Remarks The Commissioner is hereby authorized to charge payment of any additional fees under or credit any overpayment to Deposit Account No. 06-1910.	

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	Customer No. 022859, Fredrikson & Byron, P.A.		
Signature			
Printed name	Eric J. Snustad		
Date	July 11, 2006	Reg. No.	45,120

CERTIFICATE OF TRANSMISSION/MAILING

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